BEST AVAILABLE SOPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09893 185

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)		٦	TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			91					RATE	FEE	]	RATE	FÉE"	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3/minus 20=		. 19			X\$ 9⊨		OR	X\$18=	3/12	
INDEPENDENT CLAIMS			minus 3 =					X40=		OR	X80=	80	
MULTIPLE DEPENDENT CLAIM PRESENT					·			+135=	,	OR	+270=	270	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL	Victoria de la compansión de la compansi	OR	TOTAL	1400	
CLAIMS AS AMENDED - PART II								,		-	OTHER		
(Column 1) (Colum						(Column 3)	1. <del>-</del>	SMALL		OR	SMALL		
AMENDMENT A	· · · · · · · · · · · · · · · · · · ·	CLAIMS REMAINING AFTER AMENDMENT	Joseph Marie Commence	HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	,	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	F C) A444	=		X40=		OR	X80=		
Ш	FIRST PRESE	NTATION OF M	ULTIPLE DEP	CNDEN	LOLANVI		1	+135=		OR	+270=		
							L	TOTAL	:		TOTAL		
		10 mbs 43		/O-1	Ol	(Calumn O		ADDIT. FEE	<b>-</b>	Į~'`,	ADDIT. FEE		
		(Column 1) CLAIMS	Switz 1	(Colu	1EST	(Column 3)	lr	<del>1</del>	ADDI-	<b> </b>	<del></del>	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT	Or or see	PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE	a	RATE	TIONAL FEE	
	Total	į.	Minus	**	,	=		X\$ 9=	l	OR	X\$18=		
	Independent	*	Minus	***	F.O. 4114	=		X40=		OR	, X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+135=	,	OR	+270=		
						1	L /	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	·	(Colu	ımn 2)	(Column 3)	_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	*** /		=	] <u> </u>	X40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ∤	7	<b> </b>	OR			
# 16 the entry in column 1 is less than the entry in column 2 write "A" in column 2								+135=	• .	OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
**		ımber Previously f							propriate bo	x in co			